

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

SUPPLEMENT TO
Attachment 3.1A

State of Colorado

LIMITATIONS TO CARE AND SERVICES

Services

Limitations

1. Inpatient Hospital

Services provided as long as medically necessary. Emergency hospital services provided when necessary to prevent death or serious impairment of health, even though hospital may not meet conditions for participation under Titles XVIII or XIX

- a. Elective (non-emergent) treatment or procedures occurring out-of-state which cannot be provided at a Colorado hospital

Prior Authorization is required

- b. Extraordinary treatment or procedures

Prior Authorization is required

(Extraordinary treatment or procedures are those defined in the Provider Billing Manuals as exempted from Medicaid benefit limits, or has having conditions which are exempted from Medicaid benefit limits)

- c. All transplants (except corneal and kidney)

Prior Authorization is required

- d. Elective services considered experimental, or defined as a non-benefit by Medicare, are a non-benefit of the Colorado Medicaid Program.

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Attachment 3.1-A

State of Colorado

LIMITATIONS TO CARE AND SERVICES

2. Outpatient Hospital Services

Routine and annual physical examinations are not provided unless determined to be medically necessary based upon a medical diagnosis, complaint or symptom.

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State of Colorado

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

4.b EPSDT Program

Medically necessary services not otherwise
provided under the State Plan but available to
EPSDT participants

- Other necessary health care, diagnostic treatment and other measures described in Section 1905 (a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the EPSDT screening service will be provided when medically necessary to EPSDT participants. The services not provided under the State Plan are available to EPSDT participants if discovered by the EPSDT screening service and if medically necessary.
- Under EPSDT, medically necessary organ transplants are provided to the extent that FFP is available.
- Except for medical necessity, service limitations for State Plan covered services do not apply to EPSDT participants.

Dentally necessary services not otherwise
provided under the State Plan but available
to EPSDT participants

- Dental services; and
- Dentures

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T.N. No. new

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10/1/91

**PROPOSED STATE PLAN AMENDMENT
FOR SCHOOL HEALTH AND RELATED SERVICES**

4b. EPSDT Services

EPSDT screening, rehabilitative and other services provided to clients under age 21 as included in the Medicaid statute (section 1905(a) of the Act) and included in the State plan as services available under the Early and Periodic Screening, Diagnostic and Treatment benefit.

A. Benefits and Limitations

EPSDT screening, rehabilitative and other services are by independent school districts, boards of cooperative educational services and state K-12 educational institutions within the scope of laws and regulations applicable to Colorado Medical Assistance programs and approved by the Colorado Department of Health Care Policy and Financing.

Rehabilitative and other services are determined to be medically necessary as the result of an interperiodic EPSDT screen performed by a qualified health professional. A qualified health professional is an individual operating within the scope of his/her practice who meets State or national requirements for licensure, registration or certification. Rehabilitative services and other services are prescribed in a client's Individual Education Program (IEP), Individual Family Services Plan (IFSP), Section 504 Accommodation Plan, or Individual Health Services Plan (IHSP) and must be delivered in the least restrictive environment consistent with the nature of the specific service(s) and the physical and mental condition of the client. Services are provided in accordance with the client's individual need and are not subject to any arbitrary limitations as to scope, amount or duration.

Services may be performed in the school, at the client's home, or at another site in the community.

Screening, rehabilitative and other services may include:

1. Partial Screening Services (the Health Encounter)

A partial EPSDT screen that may include a client health history; physical exam; hearing, vision, or dental screening; developmental, nutritional, or social assessment, follow-up and referral; indicated screening tests and referrals; screening for appropriate immunizations; health education and

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DATE APPROVED 02/13/98
07/01/97
NEW

anticipatory guidance; and screening and triage of childhood illnesses and conditions.

2. Interperiodic Screens (Diagnostic Activities)

Formal testing, assessment and evaluation procedures for rehabilitative and other services. Includes scoring, written summaries and consultation necessary to complete diagnostic and evaluation activities.

Does not include academic testing. Clients must have referral for special education or a referral from special services staff, parents, a student study team or a pre-referral intervention team.

Prior authorization is not required for any screening activity.

3. EPSDT Services

Provided directly to clients for the maximum reduction of a physical or mental disability and restoration of the client to his or her best possible functional level.

Therapies include physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders. Services can include diagnostic, screening, preventative or corrective services provided by or under the direction of a speech pathologist or audiologist, for which the patient is referred by a physician or other licensed practitioner of the healing arts. Referring practitioner must be practicing within the scope of his/her practice as defined by state law.

Other services provided directly to clients identified as having specific disorders or delays in development, emotional or behavioral problems, or disorders or speech, language, hearing or vision. Services may be remedial or corrective in nature, or assist the client to regain a skill in an area such as assistive technology or orientation and mobility. May be provided in an individual or group setting. Family or group services are for the specific benefit of the client, may assist the family in interaction with the client, or may assist the client in group settings or group interactions.

4. Special Transportation

Special transportation to and from a client's place of residence and the school and/or to and from site of service on the day a Medicaid-covered service is provided for rehabilitative and other direct services listed in a client's Individual Education Plan (IEP) Individual Family Services Plan (IFSP), or Section 504 Accommodation Plan; and to EPSDT screens provided during the normal school day at non-school locations.

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02/13/98
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New

5. Administration of Immunizations

Administration of immunizations when client is at risk of suspension from school for lack of mandatory immunizations, or in response to a public health emergency.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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Supplement to
Attachment 3.1-A

STATE OF COLORADO

LIMITATIONS TO CARE AND SERVICES

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|------|---|---|
| 5.a. | Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing Facility or elsewhere | Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the following criteria as prescribed in section 1903(i)(14) of the Act. |
| | | A. Is certified in family practice or pediatrics (for children under 21) or obstetrics (for pregnant women) by the medical specialty board recognized by the American Board of Medical Specialties; |
| | | B. Is employed by or affiliated with a federally-qualified health center; |
| | | C. Holds admitting privileges at a Medicaid participating hospital; |
| | | D. Is a member of the National Health Services Corps; |
| | | E. Documents a current, formal consultation and referral arrangement with a pediatrician or family practitioner (or obstetrician) who has the certification described in Item A for purposes of specialized treatment and admission to a hospital; or |
| | | F. Has been certified by the Secretary as qualified. |

TN # <u>93-002</u>	Approval Date <u>2/5/93</u>	Effective Date <u>1/1/93</u>
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STATE OF COLORADO

LIMITATIONS TO CARE AND SERVICES

5.b. Medical and surgical services
furnished by a dentist (in
accordance with section
1905(a)(5)(B) of the Act.)

Medical services are considered a
benefit when determined to be medically
necessary as based upon a medical
diagnosis.

Surgical services, including dental
splints or other devices are considered a
benefit when provided for surgery related
to the jaw or any structure contiguous to
the jaw or reduction of fracture of the jaw
or facial bones.

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TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

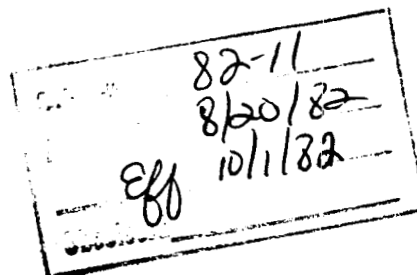
State of Colorado

Supplement to
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LIMITATIONS AND SCOPE OF SERVICES

6.b. Optometrists' Services

Benefit only under Early Periodic
Screening, Diagnosis and Treatment,
and for eyeglasses following
surgery.



TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

State of Colorado

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Attachment 3.1-A

LIMITATIONS AND CARE OF SERVICES

6.d.

Services provided by State licensed
psychologists.

Services provided by Certified Registered
Nurse Anesthetist.

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